[Form 11]

Certificate of Medical Expenses for Long-Term Care Patients

|  |  |  |
| --- | --- | --- |
| Affiliation (Name of School, etc.) | Student ID No. (or Examinee No.) | Applicant's (Student's) Name |
|  |  |  |

○The following 1 to 5 should be filled out by the medical institution. If certification by the medical institution is not possible, the patient should fill it out. In this case, item 5 does not need to be filled out.

|  |  |
| --- | --- |
| １．Patient's Full Name |  |
| ２．Name of the injury or sickness |  |
| ３．Period of the medical treatment | yyyy　/　mm　/　dd　～　yyyy　/　mm　/　dd（Planned Date）＊No need to fill in if the expected end date of medical treatment is undecided. |
| ４．Medical Expenses (Yen)　＊Excluding meal charges, private room fees, and medical certificate fees. |
| Year/Month | (1)Hospitalization | (2)Outpatient Care | (3)Long-Term Care Services | (4)Medication and Other Costs | (5)Amount to be reimbursed (insurance, high-cost medical expense benefits) | Amount After Deductions(1)+(2)+(3)+(4)-(5) |
| April 2024 |  |  |  |  |  |  |
| May 2024 |  |  |  |  |  |  |
| June 2024 |  |  |  |  |  |  |
| July 2024 |  |  |  |  |  |  |
| August 2024 |  |  |  |  |  |  |
| September 2024 |  |  |  |  |  |  |
| October 2024 |  |  |  |  |  |  |
| November 2024 |  |  |  |  |  |  |
| December 2024 |  |  |  |  |  |  |
| January 2025 |  |  |  |  |  |  |
| February 2025 |  |  |  |  |  |  |
| March 2025 |  |  |  |  |  |  |
| Total Amount |  |  |  |  |  |  |

5. I hereby verify that the above information is true.

yyyy　/　mm　/　dd

Medical Institution Name

Address

Name of Doctor　　　　　　　　　　　　　　　　　　　 Seal